



RUNNING BUDDY REGISTRATION FORM

**Saturday May 22, 2010 at 10am at Biltmore Park Town Square
Registration is \$15 per Running Buddy**

- The first 300 Running Buddies to register will receive a T-shirt
- For directions, course maps, and race-day check-in information visit: www.gotrwnc.org/5K

Please complete this form legibly in ink.

FIRST and LAST Name: _____

Email Address (if you would like to receive our monthly e-newsletter): _____

Mailing Address: _____ City: _____ State: NC Zip: _____

Are you running with a specific girl? YES NO **Relationship** to participant: _____

(If **NO**, please fill out the background check permission section on the back of this form)

What is the **participant's name**? _____

What **School/Site** does she attend? _____

Remember, only the first 300 Running Buddies to register will receive a 5K t-shirt!

Your T-Shirt Size (Circle One): YL S M L XL XXL

Method of payment: CASH CHECK

Please make your check payable to: Girls on the Run of WNC (please put 'Running Buddy' in the Memo)

Mail form and payments to: Girls on the Run of WNC 50 South French Broad Ave #249 Asheville, NC 28801

Waiver:

In consideration for the acceptance of my registration as a participant in the above entitled event, and with my understanding that my participation in this event is only on condition that I enter into this agreement, for myself, my heirs and assignees, I hereby assume the inherent and extraordinary risks involved in the New Balance Girls on the Run 5K and any risks inherent in any other activities connected with this event in which I do voluntarily participate. I hereby release from liability, Girls on the Run of WNC and Girls on the Run International and each of their officers, director and agents, representatives, employees, volunteers, and members (hereinafter referred to as releasees). I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may sustained by me, or any loss or damage of property owned by me, as a result of being engage in this event, whether caused by the negligence of releasees or otherwise. I hereby waive any claim I may have hereafter as a result of my participation in the New Balance Girls on the Run 5K and in any other activities connected with this event in which I may voluntarily participate. I hereby agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney fees me and my property which may occur as a result of my participation in the New Balance Girls on the Run 5K.

I have read and understand the above statement. Please sign and date below. (If you are **under 18** years of age, please have your parent or guardian sign below.)

Signature _____ **Date:** ____/____/2010

FOR OFFICE USE ONLY

Cash Amount \$ _____ Check Amount \$ _____ and # _____ Date Received: _____ By: _____

Background check completed on _____ by _____

BILTMORE PARK ASSOCIATION, INC. GUEST

WAIVER of LIABILITY and INDEMNITY AGREEMENT

1. The UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the BILTMORE PARK ASSOCIATION, INC., its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the BILTMORE PARK ASSOCIATION, INC..

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the BILTMORE PARK ASSOCIATION, INC. premises or in any way observing or using any facilities or equipment of the BILTMORE PARK ASSOCIATION, INC. or participating in any program affiliated with the BILTMORE PARK ASSOCIATION, INC. whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the BILTMORE PARK ASSOCIATION, INC. and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the BILTMORE PARK ASSOCIATION, INC..

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

IN WITNESS WHEREOF

Date _____

Guest Signature _____

Guest Name (please print) _____

Company or Organization (please print) Girls on the Run of Western North Carolina

Signature of BILTMORE PARK ASSOCIATION, INC. Representative

Catherine McCartan, President

BACKGROUND CHECK PERMISSION – ONLY FOR COMMUNITY VOLUNTEERS

(If you have been recruited as a Running Buddy by a participant, you do not need to fill out this portion of the form).

Thank you for helping us to keep Girls on the Run a safe, positive and fun environment for our young participants and volunteers by completing this page. If you are not comfortable sharing your SS#, please provide a copy of a recent (past 24 months) background check with this application.

REQUEST FOR CRIMINAL HISTORY INFORMATION CHILD/ADULT ABUSE INFORMATION ACT

For the safety of our program participants, Girls on the Run of Western North Carolina will be conducting background checks through Choice Point on all volunteers that will be working with girls.

Please complete the additional information below:

Have you ever been charged with or convicted of a crime related to children involving violence? **YES** **NO**

DATE OF BIRTH: _____ **SS# (required)*:** _____ **SEX:** Female Male

I give Girls on the Run of Western North Carolina permission to conduct a criminal history background check.

Any applicant found to have been convicted of, or having charges pending for, a felony or misdemeanor involving sex offense, child abuse or neglect, or related acts that would pose risks to children or Girls on the Run of WNC credibility will not be accepted as a volunteer.

Applicant's Signature (**REQUIRED**)

Date

Applicant's Printed Name

*Your social security number is necessary to complete the background check. Your SSN will be kept confidential and blacked out on this form upon completion of the background check. You may also call us with your SSN at 828-713-4290 if you don't wish to write it here. Thanks!